

FEB 04

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Name: Last First

AKAs:

Race (Check)	Sex (Check)	Ethnic Origin (Check)
<input type="checkbox"/> B	<input type="checkbox"/> W	<input type="checkbox"/> A
<input type="checkbox"/> I	<input type="checkbox"/> M	<input type="checkbox"/> F
<input type="checkbox"/> Hispanic or <input type="checkbox"/> Non-Hispanic		

CHARGES

CHECK CATEGORY OF CHARGES(S): FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

HAPPATIVE:
Title: USC:
HAPPATIVE:
Title: USC:

Date of Offense: Date of Arrest: Place of Arrest:

State of Birth: <input type="text"/>	Country of Birth: <input type="text"/>	Citizenship: <input type="text"/>	Current Address: <input type="text"/>	Zip Code: <input type="text"/>
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Height: <input type="text"/> Ft: <input type="text"/> In: <input type="text"/>	Weight: <input type="text"/>	Hair: <input type="text"/>	Eyes: <input type="text"/>	Scars / Marks / Tattoos: <input type="text"/>
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Injuries / Medication: <input type="text"/>	Emergency Contact: (Name, Address, Phone Number): <input type="text"/>
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Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sentenced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Handling: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: <input type="text"/>
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IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>
Remanding Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Agency/District: <input type="text"/>	Phone/24 Hour Number: <input type="text"/>		

OUT: <input type="text"/>	OUT: <input type="text"/>	OUT: <input type="text"/>	OUT: <input type="text"/>	OUT: <input type="text"/>
Releasing Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Agency/District: <input type="text"/>	Phone/24 Hour Number: <input type="text"/>		

IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>	IN: <input type="text"/>
Receiving Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Releasing Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Date / Time: <input type="text"/>	Date / Time: <input type="text"/>	Date / Time: <input type="text"/>

FOR BOP USE ONLY

Receiving Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Date / Time: <input type="text"/>	Releasing Official (Name): Sign: <input type="text"/> Print: <input type="text"/>	Date / Time: <input type="text"/>
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Sentry Load Data: (Must Initial) Name Search Completed by: <input type="text"/>	(OPTIONAL USE) APS Code: <input type="text"/> Staff Init: <input type="text"/> Add AKA's: <input type="text"/> Create Cash Account: <input type="text"/> Deposit Cash: <input type="text"/> Amt: <input type="text"/> Detainers: <input type="text"/> Court: <input type="text"/> Clothing Bag #: <input type="text"/>	RIGHT THUMBPRINT: <input type="text"/>
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Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Remanding Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WPI)

This form replaces BP-S377(58) and BP-377(58) of JUL 91



www.fbi.gov

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED
DATA ON THIS FORM PRIOR TO COMMITTING TO
MCC/MDCs.

Name: Last EPSTEIN First Jeffrey

AKAs:

Race (Check)	Sex (Check)	Ethnic Origin
B <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> I	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Hispanic or

CHARGES

CHECK CATEGORY OF CHARGES(S):
FELONY MISDEMEANOR

Last Name	EPSTEIN	07-06-2019
First Name	JEFFREY	
Middle Name	EDWARD	Suffa
Ht 6' 0"	Wt 185	
Hr GRY	Br BLU	
REQ 76318-054	NYM	76318-054 EPSTEIN

CHARGES
CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR CIVIL CONTEMPT MATERIAL WITNESS

OTHER

NARRATIVE: 18 USC: 371 The preexisting conspiracy
Title: 15 USC: 401(2) preexisting or prior
NARRATIVE: 18 USC: 371 The preexisting conspiracy
Title: 15 USC: 401(2) preexisting or prior

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

State of Birth	Country of Birth	Citizenship	Current Address	Zip Code
NY	USA	Yes	New York, NY	10021

Height Ft: 5	In: 9	Weight Lbs: 170	Hair Grey	Eyes Blue	Scars None	Marks / Tattoos None
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Injuries / Medication _____

Arraigned Y N Sentenced Y N Special Handling: Y or N
Remarks:

IN	IN	IN	IN	IN
Remainder of address (b)(6) (b)(7)(C)	Agency/District		Phone/24 Hour Number	

Sign (b)(6), (b)(7)(C)
Print (b)(6); (b)(7)(C)

OUT OUT OUT OUT OUT
Remove (b)(6); (b)(7)(C) Agency/District _____ Phone/24 Hour Number _____

FOR BOP USE ONLY

Receiving Sign	(b)(6); (b)(7)(C)	Date / Time	Receiving Sign	(b)(6); (b)(7)(C)	Date / Time
Print		11/19/2010	Print		12/19/2010

Sentry Load Data: (Must Initial) Name Search Completed by:	(OPTIONAL USE) ARS Code _____ Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	RIGHT THUMBPRINT
Clearance/Separate Checked by: _____		

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

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ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.

Register Number

76318054

PICTURE

Name: Last EPSTEINFirst JeffreyMiddle EDWARD

AKAS:

Race (Check) W A ISex (Check) M FEthnic Origin (Check) Hispanic or OtherD.O.B. 1/20/53SSN: 090-44-3348FBI:
INS:
Other:

CHARGES

CHECK CATEGORY OF CHARGES(S):
 FELONY MISDEMEANOR

CIVIL CONTEMPT

MATERIAL WITNESS

OTHER

NARRATIVE

Title: 18USC: 371

SEX TRAFFICKING CONSPIRACY

NARRATIVE

Title: 18USC: 18

(a), (b)(2) SEX TRAFFICKING OF MINORS

Date of Offense: _____ Date of Arrest: 7-6-19 Place of Arrest: Bergen Cty, NJ

State of Birth <u>NY</u>	Country of Birth <u>USA</u>	Citizenship <u>Yes</u>	Current Address <u>9 E 71 Street</u>	Zip Code <u>10021</u>
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Height <u>6</u> Ft <u>00</u> In:	Weight <u>195</u>	Hair <u>GRY</u>	Eyes <u>BLUE</u>	Scars / Marks / Tattoos <u>N/A</u>
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Injuries / Medication <u>N/A</u>	Emergency Contact: (Name, Address, Phone (b)(6); (b)(7)(C))
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Arraigned <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Sentenced <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Special Handling: <u>Y</u> or <input checked="" type="checkbox"/> N
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IN	IN	IN	IN	IN
Remanding Official (Name) Sign		Agency/District		Phone/24 Hour Number
Print				

OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign		Agency/District		Phone/24 Hour Number
Print				

FOR BOP USE ONLY

Receiving Official (Name) Sign	Date / Time	Releasing Official (Name) Sign	Date / Time
Print		Print	

Sentry Load Data: (Must Initial) Name Search Completed by: _____	(OPTIONAL USE) ARS Code _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	Staff Init. _____ RIGHT THUMPRINT
Clearance/Separate Checked by: _____		

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

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